Medical Missionary

JAN. - FEB.
1953

The Medical Missionary

8400 Pine Road
PHILADELPHIA 11, PA.

Vol. XXVII No. 1

Sister M. Angelica, Editor
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THE MEDICAL MISSION SISTERS

The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions.

Main Activities

Hospitals, dispensaries, home visiting, leprosaria, training, native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

Missions

Africa, India, Indonesia, Pakistan, South America, Southern United States.

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Birth Control and Emigration .... **Inside Back Cover**
Pius XII

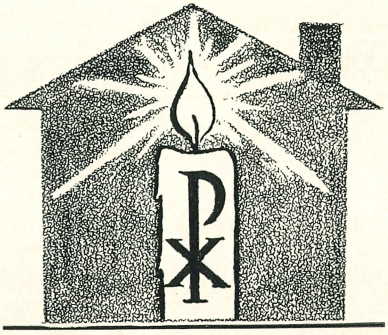
YOUR WILL . . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.

THE MEDICAL MISSIONARY *is published with ecclesiastical approbation by the Society of Catholic Medical Missionaries, Inc. in the interest of Medical Missions. Until further notice it will be issued bi-monthly. Subscriptions* $1.50 *per year;* 3 *years* $4.00; 5 *years* $6.00; *foreign* $1.75 *per year;* 4 *years* $6.00. *Entered as second class matter September* 11, 1928 *at the Post Office of Philadelphia, Pennsylvania under the act of March* 3, 1879.



CHRIST in your family

Sr. M. Gerard, S.C.M.M.

IN CHRIST, all humanity becomes the "familia Dei," the family of God. (Maria Schulter-Hermkes)

In Christ. This short phrase is the keynote to any real understanding of Christian family life. If the mutual love which binds the family together is in Christ, then nothing, absolutely nothing, can separate those in whom it lives. For, as Cardinal Newman has said so beautifully, "His love is a secret gift, which, unseen by the world . . . makes them live and sympathize in one another." This is the gift given to those who marry "in Christ," whose love is consecrated by His sacrament, whose children are His heirs. It is a precious gift, an inestimable gift, a gift for which a Christian family ought never to cease praising and thanking God.

Gratitude is the gauge of appreciation. And in a world where the family is attacked on all sides by evils under the cloak of good, where false prophets preach un-Christian principles on family life so as to lead astray even the elect, Christians have an even graver obligation to be so appreciative of the gift which is theirs that they reveal its "secret" to the world by the example of a good Christian family life.

In looking for a symbol to illustrate these truths, the candle seems particularly apropos, to signify both Christ's gift to the Christian family and its revelation to others. The latter idea is obvious enough. Our Lord Himself chose the candle to point out how His followers must "let their light shine" before all who come into the house, exhorting them to place it on a candlestick and not under a bushel. But before the light can shine, what may the candle teach us about family-life l i v e d in Christ? From whence that light and that warmth?

The Christian family is surrounded by Christ, just as the wax of the candle surrounds the wick. Christ's love feeds theirs, keeps theirs burning by the purity and strength of His grace, by His providential "surrounding" of His own. The family's mutual love will enlighten and warm those who share in it in proportion as that love is kept in the Christ-wax. Without that wax, the wick itself is left a black and lifeless thing. But together, wax and wick give

us the candle's beautiful light.

This is not all. The candle has a further message. The burning of the candle is also a consuming of the candle. Christian love is a sacrificial love. It is based on selflessness, on unmeasured giving. It does not exist for or by itself, but always for and with others. In a word, it is communal. The light shining forth is only the result of the sacrifice, of the consummation of oneself for the sake of others. The family whose love burns in Christ is a family whose mutual sacrifices, whose individual consummations keep that love burning. Then the light may be shared by all because all have shared the sacrifice, have given of themselves, one to the other.

The candle suggests all these things, and perhaps many more. Certainly, there is the missionary suggestion: "a light to the revelation of the Gentiles." The light of candles is meant to dispel darkness, especially the darkness of those "who sit in the shadow of death," who as yet have not the light of Christ. Those who have the Light have the obligation to bring it to those who do not. And this is where another kind of family in the Church comes in.

Religious families, who in a very real sense are the fruit of the good Christian families, help by their vocation to carry the light of Christ to non-Christian peoples. Different branches of what we might call the one large religious family of the Church, bring that Light in different ways, according to their specific apostolate in the Church. Our hospitals in the missions, for example, most of which are placed under the patronage of the "Holy Family," endeavor to bring the light and warmth of Christian charity by ministering to the needs of all the families in mission countries, regardless of race, creed, or color. The Medical Apostolate refracts the light of Christ's universal love by a specific vocation: "ministering to the least" of Christ's brethren.

But whatever the work, the goal is the same: Light, Christ's light to shine in the darkness. To bring all the families of the world into Christ, to surround them all with the Christ-wax, to make them all participate in His "secret gift." Then shall the children of darkness be made children of light. Then shall all humanity, the family of nations be truly united, made "to live and sympathize in one another," because they will be united in the love of Christ which nothing will be able to separate.

But such universal light first begins with the individual family, with the lay family and the religious family. Their Christ-candles must burn ever more brightly if their radiance is to reach out into the world's darkness. It cannot be selfishly kept "under a bushel." For Christians "who are bathed in the new Light of Thy incarnate Word" have a corresponding obligation: "to show forth in our deeds the light that by faith shines in our hearts."

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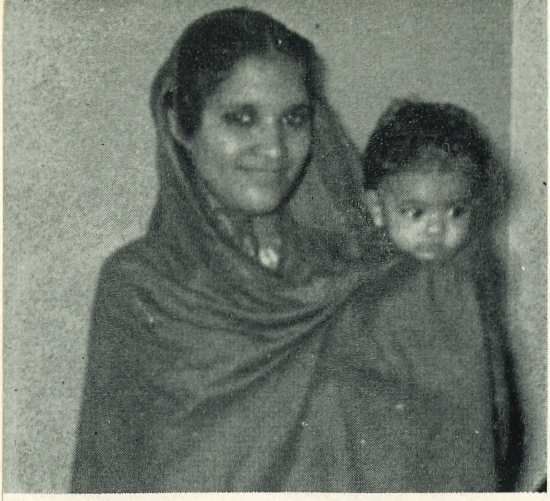
BIRTH CONTROL IN India

Sr. M. Elise, M. D.

Angela Trindade, Bombay

A FEW times a year it happens. Remarkably seldom, in fact. But occasionally, say perhaps three or four times in the course of some 40,000 dispensary visits per year, a woman will say to me: "Doctor, we have six children living, and my husband says we don't want any more babies. Could you do something for me about that?" It's still a shock to me. A dozen times a morning I hear the opposite. "Doctor, we want a baby." It is one of the commonest requests in Patna's Holy Family Hospital. Strangely enough, the woman who wants birth control is usually the one who needs it least. She is invariably well dressed, behung with jewelry, buxom, as healthy as her rice-and-curry diet and her lack of exercise allow. The really poor, the half-starved, hard-working women of the lower classes still want their babies. They live for their children. They glory in motherhood. To them, sons are riches beyond compare. It is hard to be poor, but to be without children is infinitely worse.

This high regard for progeny is inherent in Indian traditions. Hindu religious ceremonies require a son to function at his father's funeral pyre, under pain of dire penalties for the father's soul. Both Hindu and Mohammedan families consider it their duty to see their daughters well and happily married, so that "old maids" in India are few indeed. Children are the parents' best investment, their security for old age and sickness in later life, their pride and joy and greatest achievement. Family life is still a patriarchal affair in India. The sons bring their wives to the ancestral home, children are born under the eyes of the grandparents and raised by the whole family. Even if the young couples, after some years, go out to establish their own home, they still have the old homestead to fall back upon in times of sickness, unemployment, or other troubles. Orphanages and



Rani proudly displays her treasure, born at the hospital.

homes for the aged are seldom needed in India. Each family usually takes care of its own.

Unfortunately, things are changing. Despite this strong public opinion, despite the great difficulties and tremendous costs involved, many important individuals, and even some Government committees and agencies, are all out for birth control. Margaret Sanger has been invited to tour India and give lectures everywhere on the need and importance of artificially limiting the family. The report of the National Planning Committee, published in Bombay in 1949, unhesitatingly advises the spending of many millions of taxpayers' money on birth control clinics in the Indian villages. The cry is being taken up by the more educated, better off, urban classes, as happened in Europe and the United States. The implication of selfishness and materialism is so obvious that both government and private individuals must seek reasons for their actions. As the true reason cannot be mentioned, good reasons must be found, which will justify their decisions. It's been done before. Facts and figures can be twisted to suit the convenience of the clever of this world.

Many years ago Malthus started the ball rolling. His theory, that population increases more rapidly than food production, has become a catch phrase. Its many fallacies and limitations are ignored, and the spectre of 'Overpopulation' now haunts many well-meaning people, concomitant with the fear of an aggressive war due to economic pressures. No doubt certain countries, notably Japan, are overpopulated for their present resources. The problem should be faced, for it can and should be solved by ethical methods. But the world as a whole is not, and probably never will be, overcrowded. As numbers increase, so do ways and means of improving and increasing the yield of the land, so do sources of fuel and energy, so do methods of distribution and exchange. Those who do not recognize or acknowledge God's providence may have the "jitters," but their fears are due to foolish shortsightedness. New inventions and discoveries constantly give the lie to these man-made theories.

Even in India so-called experts are fond of invoking this idea of over-population. The well-known poverty and misery of the masses give a semblance of support to this notion. But the facts prove otherwise: there are 232 persons per square mile in India, compared to 649 in England and 50.6 in the United States. The widespread starvation of the masses (about one third of the population do not get even one square meal per day) is due to inefficient use and improper distribution of the land. India has tremendous resources, large tracts of unused arable land, excellent ore deposits, unlimited possibilities of hydro-electric power, immense amounts of hereditary wealth, often laid up in totally unproductive

form, such as jewels and precious stones. Irrigation, education, better farming methods, more and better roads, would increase food production very quickly. Industrialization can absorb the excess population now trying to live on and off the land, thus helping to raise the standards of living.

More efficacious, and therefore pernicious, is the reason for birth control most commonly alleged by

The New York Times

World Unit Set Up For Birth Control

ROBERT TRUMBULL
Special to New York Times

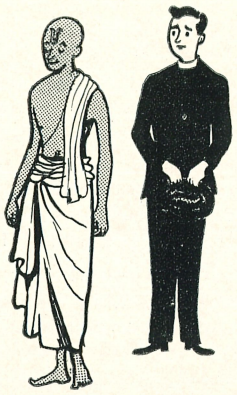
Bombay, India, Nov. 9—The first, full-scale international organization for furtherance of the birth control movement was formed today at the concluding session of the Third International Conference on Planned Parenthood at which fourteen nations were represented by 400 delegates. As the heads of the world federation of existing and prospective national birth control societies the conference elected Mrs. Margaret Sanger, head of the Planned Parenthood Federation of the United States, and Lady Rama Rau, president of the Family Planning Association of India as honorary president. . . .

"I am certain India's going to be one of our great moving forces of the future," Mrs. Sanger declared. "She has not the religious and political barriers we have, although some may crop up here and there."

Mrs. Sanger and her followers: ill health of the mother and children due to too many babies, too close together. This looks so noble and charitable, it is no wonder many people are deceived by such propaganda. Limiting the family to a few children seems such an obvious path to better health all around, more prosperity, easier living and less unhappiness. Queerly enough, it doesn't work out that way. The countries where birth control is now universally practiced also are the ones who have the highest rate of divorce, alcoholism, juvenile delinquency and mental illness. This cannot be mere coincidence. Artificial birth control means steady practice of deliberate selfishness. Such habits cannot be kept in one department; they are bound to spill over into the rest of individual and family life.

In India, as in any country, Catholic doctors and hospitals are the obvious opponents of birth control. In our own hospitals in India and Pakistan we daily defend and safeguard the rights of parents, both rich and poor, to have their children. Not by talk, except on certain occasions, but by actions. Good medical care during pregnancy and delivery, at a price even the very poor can afford, speaks louder than words. We had a total of 1,944 deliveries in 1951 in these six hospitals, and most of these were at a cost of less than five dollars total for the entire hospital stay of mother and baby. If those millions of rupees that are to be poured out in preventing life were used instead to increase food production and medical care, the arguments of the birth control advocates would fall flat. Indians still want their babies. If they ever reach the stage where they would prefer a new car to a new baby, then God help the country. **When spiritual values disappear and materialism takes their place, then indeed the prospects of mission work will become poor. Instead of exporting American advocates of birth control, such as Mrs. Sanger, to India, we would be well advised to increase our support of medical mission work in the Orient.**

This thing called ADAPTATION



Eugene de V. Lockwood, S. J.

HEY, where do I get my dhotie?" "Got to get a sadhu's saffron robe quick. Which way is the nearest cloth shop?" "Do I eat with my right hand or left?" "My Lord, do I *have* to walk barefoot on that hot sidewalk?"

Now be honest. Isn't that your idea of adaptation? Dress like the people, live like the people, act like the people. Superficially, this much misused word, "adaptation," seems to imply that if we drop our southern accent, get rid of the Benziger trade marks and shed those black clerics we are ready to convert the world. Believe me, there is more to it than that.

Hart, Schaffner and Marx tell us that the clothes make the man. They may make the American a well dressed American but they won't make a Chinaman an American. Neither do they make said Chinaman any more acceptable to the U. S. public if he is more interested in their carfare than their welfare. The Indian is just like you in this respect. He looks to the heart. What must the missionary do to adapt himself then? Be SYMPATHETIC. He comes to Christianize, not westernize. Manners, customs, traditions are to be respected, divinized by the presence of Christ, not laughed at or brushed aside as worthless.

The missionary, by his very vocation, is a man dedicated wholly to the people. He must realize this dedication by giving himself as freely to them as Christ gives himself to us in the Eucharist—unquestioningly, unreservedly. From such a spirit of inner adaptation flows its more talked about exterior manifestations. A DeBritto or a DeNobili dons the Sanyasi garb. Out of necessity? Yes, out of that compelling necessity "Caritas Christi urget nos." It is an attempt by the missionary to become one with the people. But remember this. It is not in answer to the demands of the people. At times they may even resent such efforts. Never, though, never will they resent sympathy. A heart abounding in patient, understanding love is all they ask.

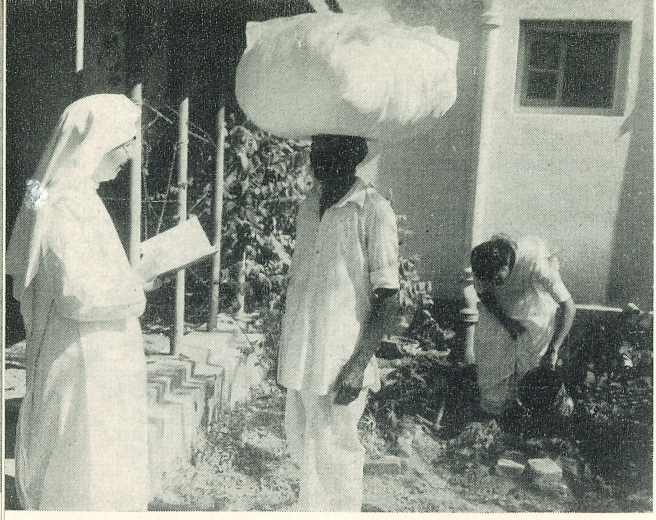
And once they are Christian, don't they want the liturgy adapted to their Eastern heritage? Did my convert Dad refuse to go to Mass until the pastor met the Presbyterian service half way? I'll admit that the Latin Rite, as we modern speedsters follow it, falls short of the natural desire for pageantry which the Indian has.

But that is our fault. Solemn Masses, Vespers, diligent promotion of parish liturgical functions will remedy the need. Here, as elsewhere, Latin presents a perennial problem. Nonsense syllables have little appeal and, what is worse, they may sound ridiculous. Witness a case in our own "educated" United States. A young postulant in a religious order attended community litanies daily for some weeks before he discovered that the brethren were answering *Ora pro nobis,* not "Hurrah for Moses." On the other hand, our Indians, because of their Hindu background, almost expect some higher language to be used when the priest intercedes with God.

Once, shortly after arriving in India, I visited a beautiful little temple set like a water lily in the center of an artificial lake. The Indian priest came out to meet my guide and me as we crossed the long narrow causeway. A puja or sacrifice was about to begin and he wanted us to witness it. For forty minutes I watched, spellbound, as he went through the ceremony and recited the countless prayers. Now and then my gaze strayed to the small, motionless group of worshippers behind him. "My heavens," I thought, "isn't that terrific? These people understand everything he is saying. If only Mass could be like this." It was only later, when we had left the temple, that my companion broke the news to me. All the prayers were in Sanskrit, a language which not one of the people understood! Personally, I feel that the answer lies in educating the people to the liturgy rather than adapting the liturgy to the people. But this is a question for the bishops to settle.

Our bird's eye view of adaptation would be incomplete without something about native Christian art. Should European masterpieces be thrown on the ash heap and Indian ones put up in their place? That is what some say. They imply that only when Christ has become Indian will He be acceptable to the masses. Art, Christian art, must be the spontaneous outburst of assimilated Christianity. Naturally, it will be in keeping with the mentality of the artist who produces it. But if it is great art, and it must be before we discard the western masterpieces in its favor, it will have a *supranational* quality, a transcendent beauty which is beyond racial differences. The efforts made ought to be encouraged but the results must be critically appraised. And above all, let's not force down the throats of the faithful, what a good many consider to be simply Hindu art. If the people feel that an Indianized art is Hindu, drop it. This is one case where "of the people, by the people and for the people" must be observed. The Church should never try to become more Indian than the Indian people.

To generalize from particulars is dangerous. Conditions vary so from district to district and even from parish to parish that what is a panacea for one place is dynamite for another. Consequently, we come back to the initial theme—adaptation will be an individual response fitted to the needs of time and place. Urged on by a compelling desire to insert the Church into an oriental civilization to transform, refine, Christianize it, the missionary will spend and be spent. He is called to be an apostle and he will not, cannot rest until he reaches the summit of adaptation—until he becomes "all things to all men."



Poona—Sr. M. Henrietta checks the dhobi's accounts.

THE DHOBI

Sr. M. Richard, S.C.M.M.

MUCH of India today is a battlefield where the old but ever new struggle of men and machines is being fought. The tug of war between "man-made" and "machine-made" is slowly penetrating every sphere of economic activity. Machines have to prove their worth; they are not taken for granted here. Machines have to fight hard against ancient traditions of hand labor and more important against millions of individuals, simple folk who work from dawn to dusk, laboring with their hands. These laboring men of India have one trump card with which to hold out against the machines that do the work faster and better. The card reads: "we do it cheaper."

A visitor to this country of contrasts, views the struggle with impersonal interest until the personality and problems of one of that group of laboring men touches your heart. From that time onward a stand is taken against the cruel enemy — machines. Even a brief acquaintance with an Indian dhobi (p r o n o u n c e d dough-be) gains many a staunch supporter for the "hand-made" cause.

The dhobi is this country's substitute for those electrical gadgets that boast of washing, rinsing and drying your clothes in one operation. With a small pool of water, a rock, berries from a ritta tree, sunshine and lots of elbow grease the dhobi transforms dirty clothes into clean, bright, white ones. He has little "overhead" in managing his laundry. A stream will do for a business site, no housing is necessary. All the fancy wash-day soaps that provide radio entertainment as well as suds for the American housewife are non-existent. Instead the dhobi gathers berries from a ritta tree, rubs them between his hands and drops them into his section of the stream to make the water soapy.

If he runs an A-1 laundry, the dhobi will soak the clothes first, then boil them over an open wood fire. The next procedure is to soap them with the berries, dip them into the stream and then pound. The soiled piece is clasped firmly in the hand, the arm is raised above the head. It comes down with a vengeance, the dirty cloth slapping the smooth rock with vigor. These beatings continue until the dirt gives up or the dhobi wears out. Following this cleansing the clothes are spread out

along the sandy shore of the river bed. When they are sufficiently dry, they are placed on the ground so that the sun can complete the drying, bleaching process. In all of these operations the dhobi is assisted by all but the very youngest members of his family. At the age when an American child is learning to write in Grade one, a dhobi's son has already started his "profession" of laundry man.

When the clothes require starch the dhobi does the task well with the water in which his wife cooked the day's rice. A flat piece of iron with a handle, heated over a charcoal fire does a better job of pressing than many modern mangle machines.

Clothes are delivered to their owners as they were taken away — wrapped in a sheet and carried on the laundry man's head. Wealthier dhobis may have the aid of a donkey or bicycle. Before leaving and upon return each piece is counted because the dhobi is paid by the piece. The same price is charged (approximately 2 cents) be the article a handkerchief or a sheet. The count is usually from "ek to das" one to ten. Almost everyone can count that far.

For a man who spends his day, and it begins at four a.m., administering sound beatings, Shankar, our dhobi here in Poona, is a gentle soul. In keeping with his "profession" he wears a very clean white shirt and trousers. Shankar is a man so calm that even a whole week of Mondays and three months of rain bring no impatient words to his lips. Always smiling, he walks slowly and with grace carrying his burden of freshly laundered clothes nonchalantly upon his head. He is a man who knows the drudgery of work and the reward of honest labor done well. Shankar is content with little. Even a bundle of clean clothes brings him happiness.

When it's a case of men (in the abstract) against efficient machines, one sides with progressive modern civilization but when it's a matter of Shankar versus an Indian Bendix . . . Shankar wins every time.

The dhobis need higher wages and better working conditions but they also need . . . dirty clothes.

THE AMERICAN SUPPORTERS OF BIRTH CONTROL SENT TO INDIA:

Watumull Foundation:	
For expenses:	$5,000
For research:	$1,000
Planned Parenthood Federation of America:	
For survey:	$ 500
Citizens of Tucson, Arizona:	
For Bombay Birth Control Clinic:	$2,500
	$9,000

WHO WILL MATCH THIS FOR THE MEDICAL MISSION SISTER'S HOLY FAMILY HOSPITAL TO BE OPENED IN BOMBAY, INDIA?

WHAT'S BEHIND THE BU

1. Sr. M. Roberta takes a peek under the burkha of a patient on Baby Examination Day, Holy Family Hospital, Karachi, 1952.

2. The patient throws the face veil back and produces the baby from under the burkha, a garment worn by Moslem women.

CHITS • • • • •

POONA

This morning the birds made a terrible noise, a sure sign a snake was nearby. There it was, five feet long, climbing up the tree. It went from one branch to the other with swift whirling motions, while the mainas were trying all the time to pick at it with their beaks. The snake persevered, however, and landed at the hole where the maina had her nest.

It was beautiful to see the courage of the birds. They hovered in front of the opening, gave a sudden peck and rushed back. A solitary crow and green parrot joined the fight; the crow was quite bold and bit the snake twice.

In the meantime the mali (gardener) had tied a couple of sticks together, fastened a rag soaked in kerosene to the end, lit it, and held it in front of the opening, tight against the tree. Later mali climbed in the tree to push the burning rag deeper into the hole. This was the end of the snake.

Sr. M. Henrietta

RAWALPINDI

A very nice Pakistani soldier came to see me yesterday and told me that he is going to Italy, France and Germany for three months. He wanted the Pope's address and a letter from me so

RKHA? A PICTURE STORY FROM KARACHI

3. This burkha is a new-fashioned one, in two pieces. The patient obligingly shows the new style to Sister. The first part is off.

4. Now both parts are off to show the silwar-chemise dress. No man but her husband can look upon a Mohammedan woman's face.

FROM OUR MISSIONS

that he could go to see him in Rome. I told him, "I don't think you will have a hard time finding his 'house,' but you might find it a little hard to talk to him personally. But be sure and try!"

Really the people are so wonful! Sr. M. Bernadette

STOP OVER AT PORT SAID

Port Said is the "carrefour" of all nations. Here East meets West. Kipling himself would feel the confusion between the two hemispheres. As we strolled along we were introduced to the Orient. Hindus, Mohammedans, Persians, and Arabs mingled in the narrow streets. Naturally you know you're on Egyptian territory. The green flag with the crescent and the three stars floats on the main buildings. Egyptian soldiers with their red fezzes, the zouave pantaloons, and the antiquated rifles, reassure your sense of security. That is if you're the happy-go-lucky temperament!

I know what they mean now when they talk about density of population. At least ten people per sidewalk square. No rush. Each has a pensive face, as lost in a morning meditation. Our attention ing the clothes are spread out along the sandy shore of the river

Sr. M. Joanna and Sr. M. Ruth disembark—Pakistan.

was captivated by the Mohammedan neighborhood we were crossing. The Egyptian Mohammedan women wear a black burkah. They have very fascinating eyes — distant from each other and with the oval turning up towards the temples. An ornament of shiny brass rests in between their eyes. This is all you see of them and they are all alike!

The Cathedral of Port Said is dedicated to Our Lady, Queen of the World. The invocation is most appropriate, for the whole universe goes through Port Said since the erection of the Suez Canal.

Sr. M. Joanna, S.C.M.M.

GEORGIA

Occasionally you meet a person whose humility in accepting his trials and sorrows will always leave a lasting impression.

Russia Jackson is the mother of nine children—the oldest about fourteen; the youngest one year. Their home is a small three room frame building and has for its heating system a small fireplace and a pot-belly stove.

Within the last year, the oldest child has had infectious hepatitis. The youngest has had meningitis. Someone always has a cold.

For about one year Russia Jackson's eyes have been bothering her. The doctors have told her that her trouble is glaucoma and that she should prepare for the day when she will be blind. Just a few weeks ago we dropped in to say hello to the family. Russia was sweeping the front room floor. She seemed somewhat discouraged.

"How are your eyes, Russia?"

"They are no better . . . in fact, they are worse. I can tell it every day. I can't even tell when I am sweeping any more." She looked around her helplessly. "It seems I can't go blind. There is so much . . ." With a plaintive low voice this mother of nine said, "If it is to be though, I will accept it like anyone else."

We left shortly. We had just heard another "Thy Will be done" uttered with a sincerity that echoed again with Mary's "fiat" in accomplishing God's Will.

Sr. M. Jacob, R.N.

R. I. P.

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Mrs. Maria C. Mosesso, Royal Oak, Mich.
Mr. Joseph H. Niedfield, Brooklyn, N. Y. (Father of Sr. M. Frederic, S.C.M.M.)
Miss Agnes Saul, Washington, D. C.
Miss Frances Schmidt, Phila., Pa.
Miss Florence Sibley, Phila., Pa.
Louis Strittmatter, M.D., Phila., Pa.
Mr. Joseph Trainer, Nicetown, Pa.
Mr. A. J. Pietrus, Sleepy Eye, Minn.

PATRON OF PAN-AMERICAN PHARMACY

During a special session in Lima, Peru, the 1952 Pan-American Congress of Pharmacists proclaimed Blessed Martin de Porres patron of Pan-American pharmacists. After reviewing various studies of Blessed Martin's life, the pharmacists agreed that he is "the prototype of our professional ethics."

Dr. A. Bedoya Villacorta, one of the pharmacists, has recorded Blessed Martin's ties with the medical profession in a booklet entitled, "Frey Martin de Porres and His Medical Apostolate."

Blessed Martin de Porres was a doctor's apprentice with an official license. In this capacity, he dispensed medicines, dressed wounds and cured diseases. In addition, he directed an infirmary in the Dominican Priory as well as in his sister's home.

Although Blessed Martin performed some miraculous cures, ordinarily he used the medicines at hand in those days. *The Torch*

WILDERNESS HOSPITAL

Travellers passing through Southern Rhodesia en route to Victoria Falls are surprised when they come upon Fatima Mission Station. It is built in the wilderness 140 miles from the city of Bulawayo. Even more of a surprise is Fatima's mission hospital, which seems like a mirage among its surroundings.

Living in Kraals, the South Africans of this area needed a hospital not only for their bodily illnesses, but also as a fortress against the superstitious practices of the native witch doctors. Among the medical missionaries at the Hospital is Dr. Ziegler-Davis, who received her training at the Medical Mission Institute of Wurzburg. She was the first to respond to Reverend Odilo Weeger's request for a doctor. Together with Brother Athanasius, the builder, they have overcome primitive conditions and almost insurmountable difficulties in bringing the Charity of Christ to Southern Rhodesia.

—Mariannhill Fathers

A MISSIONARY FAMILY

An American lay medical missionary, Mr. James Rogan, R.N., has accepted a position in King Edward VIII Hospital at Durban, Natal, South Africa. With him will go Mrs. Rogan and their two children.—THE TABLET

MISSIONARY COLLEGE IN SPAIN

Spain's Minister of Education, Mr. Joachim Ruiz Jiminez, promised to erect a college in Madrid for the purpose of training lay missionaries as doctors, pharmacists, engineers, nurses, and specialists in other fields. Mr. Jimenez announced plans for the new college during Spain's commemoration of the four hundredth anniversary of the death of St. Francis Xavier. The new missionary college will be erected in honor of the Saint.

Archbishop Lawrence Graner, C. S. C.

Congratulations to His Grace, Archbishop Lawrence Graner, C.S.C., and all the Holy Cross Missionaries on the "Centennial of Holy Cross in Pakistan and India, 1853-1953." The celebration in Dacca, Jan. 17.

The Medical Mission Sisters have been working with the Holy Cross Missionaries in the Dacca Archdiocese for the past 22 years. In connection with the Centennial Year, the Sisters have begun construction of the long-promised 100-bed Holy Family Hospital in Dacca, Bengal—Archbishop Graner's Archdiocese.

ARCHBISHOP GRACIAS — INDIA'S FIRST CARDINAL

Cardinal-designate Valerian Gracias, Archbishop of Bombay, is the first native-born Indian Cardinal.

He replaces Cardinal-designate Carlo Agostini, Patriarch of Venice, who died after his nomination as a Prince of the Church.

The Indian Cardinal will receive the Red Hat at the Consistory in Rome along with other new Cardinals named by Pius XII.

A native of Karachi, the Cardinal-designate, who is 52, studied at the Pontifical Gregorian University in Rome. He was named Auxiliary of the Bombay Archdiocese in 1946 and was the first Indian to succeed to the See in 1950.

Previously Bombay had had alternately a British and a Portuguese national as Archbishop. In line with the complete "Indianizing" of the Church in India, the Vatican and the Portuguese government ended the system under which the Portuguese had rights of ecclesiastical patronage in India.

The elevation of the Indian prelate added jubilation to the Ernakulam congress noting the 19th centenary of the arrival in India of St. Thomas the Apostle. The Cardinal-elect was among the Archbishops and Bishops who attended the congress.

His nomination brings to 28 the number of countries represented in the Sacred College of Cardinals.

—The Denver Register

Sr. M. Paraclita, M.D., first religious to receive doctorate of medicine in Holland.

Two "Firsts" In The Society

"You have delivered an excellent paper and I deem it a great honor that you studied at the University of Utrecht." These words were addressed by Dr. W. P. Plate, Gynecologist of the University of Utrecht, to Anna Speetjens, in religion, Sr. M. Paraclita, S.C.M.M. The occasion was the awarding of the Doctorate in Medicine to Sister on October 20 at the Academy of Medicine . . . thus making her the first Religious in Holland to finish her medical studies since Rome granted permission for this purpose (1936).

Sr. Paraclita began her studies at the Municipal University of Amsterdam, but these were interrupted during the war. She entered the Society in 1944, and resumed her studies in 1946.

At the ceremony, which aroused much interest, were her father, Mother Anna Dengel, M.D.; Sr. M. Eleanore, M.D. and Sr. M. Salome, M.D., of the Dutch House; Msgr. van Velsen, O.P., Bishop of Kroonstad, South Africa, and delegations from the Order of Malta, De Alma and Veritas.

Below

Rev. Francis P. Lively, Pres. Elect of the Catholic Hospital Association, Brooklyn, N. Y., presents Sr. M. Pierre (Fond du Lac, Wis.) with a Medical Record Librarian Diploma at St. Mary's Hospital, Brooklyn, N. Y. Sr. M. Pierre is the first in the Society to study for this degree.

Next on Sister's schedule was a departure ceremony, January 6 with the sermon preached by Rev. John Campbell. She sailed January 14; destination: Holy Family Hospital, Rawalpindi, Pakistan.

First Catholic Hospital in Gold Coast

Sr. M. Laetitia, R. N.

WE HAD the laying of the cornerstone of the New Holy Family Hospital on October 6th—an historical event as it will be the first Catholic Hospital on the Gold Coast. I should say "it is" because on the 6th, the Most Rev. Andrew van der Bronk blessed the cornerstone of the new 50 bed hospital and Nana Yiadom Boakye Owusu II officially laid the stone with the first words of the inscription reading, "For the greater honor and glory of God." Two days later we used the new operating room and on the 20th we admitted the first patients to the wards—we had to, for we ran out of trees to put them under. The secret is that it wasn't the cornerstone at all—it was the middle stone! One end of the building was more or less complete so we put the stone in the center of the building!

In his speech the bishop pointed out what a real work of charity the hospital is and how it shows the work of the church in action. The chief stressed the need of a general hospital for his chiefdom, and how people even from miles away were being well cared for by the Sisters. Being a practical man he produced ten pounds from within his Roman toga which started the ball rolling for a sizable collection. It is true that the patients are beginning to come from great distances. Some come from Kumasi, 100 miles away. I really was surprised when the first one arrived from there—for this is real Bush—something like going from New York to the backwoods of Kentucky, to come from Kumasi to Berekum for an operation.

To top it all, we had one of the biggest dispensaries ever that day of the "Middle-stone-laying." I managed to get away for about half an hour to greet the Bishop and the guests. Then we went on giving out medicines and doing treatments until well into the afternoon. It is terrible to see the way people die here; "White Man's Grave" is a misnomer, it should be called, "Black Man's Grave." Malaria is of the malignant type and the children die almost immediately unless they receive treatment quickly. Cases of meningitis and tetanus, yaws and other tropical diseases abound.

Oh, dear! I keep getting away from the hospital. You know we drew up the plan ourselves and Sister Camillus supervised the men. We had no contractor as that would have taken too much money and we did not have it. You should see Sister, she is made for the job, she urges and scolds and jollies the men along and gets the work done—An A-1 contractor!

Africa's Ants

Sr. M. Raphael, B.S. Pharm.

Ant hills soar skyward.

AFRICA—mysterious continent of contrast and color! To some it looks like a giant pear; to others it resembles a triangle, the left side scooped out by the Gulf of Guinea, but to the Medical Mission Sister who has lived there any length of time, it is one giant ant hill.

Experience is a stern but efficient teacher, and the newly arrived medical missionary in Africa has many lessons in store. The first time she leaves the stopper out of the cough mixture bottle, a queue of ants meets her at the door the next morning. If she leaves the cover off the sugar bowl — brown sugar. Should she forget to wash out that tiny spot of syrup spilled on her veil, not only the spot but also the material will have disappeared by morning.

She soon learns not to get excited when she finds ants in the drinking water (already carefully boiled and filtered) or discovers that they have eaten the back of her books—or if the white ants make homes in the furniture.

Day in and day out the missionary campaign goes on — against ants: place table legs in old vegetable cans of kerosene, lids of bottles are always wiped, and tightly screwed on, clothes are never put on the grass to bleach, furniture is kept away from the walls lest the termites begin excavations, door jambs and wooden pillars are gingerly tested periodically!

It isn't that they don't have homes to go to — the white ants in our section of Africa build elaborate mud houses. Some reach several feet in height and reach an equal depth below the surface of the ground.

Any Medical Mission Sister who has spent a few years engaged in such maneuvers, studying how to anticipate, outwit and out-thwart the ant, justly feels that she could qualify for the F. B. I.

Like the bees, the ants have a complex social system with over 7,000 different varieties throughout the world, and the Medical Mission Sisters are firmly convinced that Africa has more than its fair share of that number.

However, few are as interesting or as dangerous as the soldier (or driver) ants. Unlike the majority of ants, the soldier ants have no fixed home, moving about the jungle in search of insects and ani-

mals. Marching two to three abreast, the smaller ones flanked on either side by the much larger fighters, they bear down upon their prey.

If they are headed past the Hospital buildings, they are left undisturbed and the patients step high and wide so as not to disturb the ranks (it would mean a black biting swarm up their legs.) Such a line will march past a single point for two to three days at a time—their number is legion!

Two or three times the Sisters' convent was unfortunately in the direct line of their march and something had to be done about it —in a hurry. Fire is about the only thing that will stop them, burning coals are advised. They are not always available, however, so the Sisters have their own system of dipping newspapers in a kerosene-gasoline mixture and burning them outside the house.

One morning much to the Sisters' horror, they found that the ants were awake before them and had already started their march through the convent — into the chapel, no less!! Not savoring the spiritual atmosphere and in search of better pickings, they headed out the door. The only difficulty was that any attempt to hasten proceedings would result in breaking their ranks and utter confusion. Of course, the Bishop *would* have to be visiting Berekum that week and had picked that particular day to celebrate his Mass in the Sisters' chapel! A perfect setting for St. Francis.

All during Mass, two columns of ants marched from behind the altar, encircled the step, joined ranks and headed out the door. The little African server, (barefooted as usual) was a wary attendant that morning and the wine and water was poured from a very respectful distance.

When very hungry, their march is not so orderly; moving in large bands, the whole jungle fears them. Any living thing, unable to escape—trapped or injured — is covered and devoured.

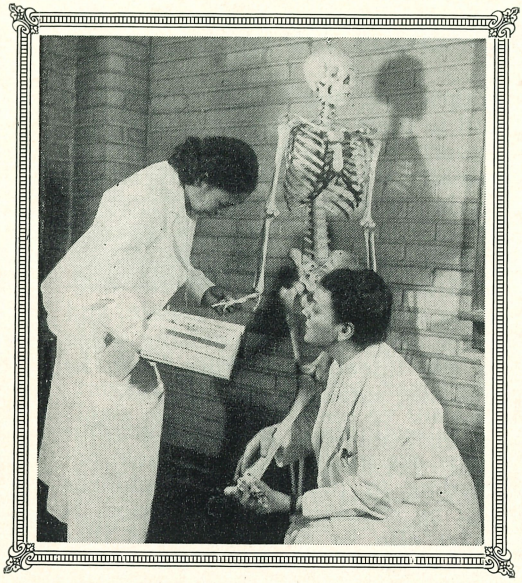
The Africans say that the mighty python snake, before eating a large prey, first scouts the neighborhood for soldier ants. It would rather abandon a luscious pork dinner than be surprised by the deadly ants when unable to move due to his meal — a case of unwelcome dinner guests, with himself as the dinner.

After hearing this it isn't hard for the Sisters to realize how effective was the ancient Ashanti method of killing prisoners; death by ants. The victim was staked out on an anthill, pinned flat in the form of St. Andrew's cross, and slashes were cut into his skin to facilitate the work of destruction. No death is more merciless.

Even while building the new hospital, the ants had to be taken into account. As the white ant hills in Berekum sometimes reach several feet in height and an equal depth below the ground, all the mounds on the site of the hospital had to be razed. It wasn't sufficient, either, that the heaps were leveled—the workers had to dig down until they found the queen ant — a fat, ugly creature—often several inches in length. There she lay in a cocoon-like mud structure, constantly being waited on by workers (the workmen having thoughtfully brought us a representative section of the ant hill.)

So—the next time ants get into your picnic lunch, be glad you're not in Africa and be consoled that they represent only one of the 7,000 tribes.

There's a story behind these pictures



Sister M. Perpetua, M.D. and Sister M. Martha, medical student, studying anatomy. $1,000 a year is only a skeleton of the amount it takes to educate a SISTER for an M.D.! Sr. M. Martha needs an education! Who will contribute towards her tuition?

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ARABIC MEDICINE—Book Review

OUTLINE OF ARABIC CONTRIBUTIONS TO MEDICINE

By Amin A. Khairallah, M. D.
American Press, Beirut, Lebanon, 1946. 22 pp.

ARABIC Medicine forms one of the most fascinating and important chapters in the history of the development of medicine, not because it was especially productive, but because it preserved Greek and Roman medical science with that of its most important representatives, Hippocrates and Galen. The Arab world came into full possession of all the available knowledge — Greek, Indian, Persian, Greco-Roman, and Syriac. By the end of the thirteenth century the Arabs had at their disposal, in *Arabic,* all the knowledge of the time. This period from the eighth century to the thirteenth is appropriately called the Arabic Period. The linguistic term *Arabic* includes members from all nationalities and the different religions who wrote in Arabic.

This study is necessary if the development of medicine is to be intelligently elaborated. For at least eight centuries Arabic medicine dominated the known world, and that at a time when Greek and Roman culture was disappearing into the Dark Ages in Europe. Undoubtedly, the Arabs saved all the science which would have been irretrievably lost and gave it back to posterity with improvements.

Because of the Arab's subservience to tradition and the accepted Hippocratic and Galenic medicine, and to their religious prohibition of dissection of the human body, they remained transmitters and rarely made original contributions to anatomy, physiology and surgery.

However, they showed a great deal of common sense in the diagnosis and treatment of disease, and were original in recognizing some of the infectious entities, such as measles, smallpox, leprosy, etc.

In evaluating Arabic contributions, we must not judge them according to present day standards but by standards of that period. It must also be borne in mind that "scientific medicine" is the development of the last fifty years and was made possible by the perfection of the microscope; the discovery of germs, the development of antiseptic and aseptic methods, the discovery of anesthesia and the development of diagnostic and therapeutic agents such as X-ray, radium, vaccination and sera.

While the Arabs were not the first to build hospitals, they certainly were the first to perfect them. They were the first: to begin regular instruction in hospitals and have out-patient departments, to have regular inspection over the administration and finance of the hospitals, to examine and license physicians, and to have pharmacies attached to the hospitals.

Dr. Khairallah concludes his outline with a list of the better known Arabic physicians and their medical writings.

Sr. M. Anton, S.C.M.M.

The Catholic press helps good families GROW BETTER

Birth Control and Emigration

PIUS XII

WHEN married couples wish to remain faithful to the Sacrosanct laws of life established by the Creator, or when to safeguard this fidelity they seek to break loose from straitened circumstances which shackle them in their own country, and find no other solution but emigration — in former times counseled by the desire for gain, today often imposed by misery—then see how they run up against the provisions of organized society as against an inexorable law, against pure mathematics, which has already determined how many persons in such and such circumstances a given country can or ought to support, not only now, but in the future.

And by means of such prophetic mathematics an attempt is made to mechanize even consciences. Take note of the public prescriptions for birth control. Pressure is brought to bear by the administrative machinery of what is called social security, influence is exercised in the same direction on public opinion.

Finally, see how the natural right of the individual to be unhampered in immigration or emigration is not recognized or, in practice, is nullified under the pretext of a common good which is falsely understood or falsely applied, but sanctioned and made mandatory by legislative or administrative measures.

These examples suffice to show how an organization animated by a spirit of cold calculation, while trying to compress life within the narrow frame-work of a chart, as though it were something static, becomes the negation of, and an outrage to life itself and to the essential characteristic of life, which is its incessant dynamism, communicated to it by nature and manifested in the immensely diversified scale of particular circumstances.

The consequences of this are very serious. Numerous letters come to us which reveal the affliction of good and noble Christians, whose conscience is troubled by the lack of understanding of a society inflexible in its rules, which is set in motion according to mathematical precision, as though it were a machine, and mercilessly suppresses and disregards problems which personally and intimately affect them in their moral life.

Certainly, we will not deny that this or that region is at present burdened by a relatively excess population. But the desire to solve the difficulty with a formula that the number of inhabitants should be regulated according to the public economy is equivalently to subvert the order of nature and the entire psychological and moral world which is bound up with it. What an error it would be to blame natural law for the present miseries of the world, when it is clear that these derive from the lack of mutual solidarity of men and peoples.

—Christmas Message, 1952

WHAT'S COOKING?

Dear St. Joseph:

We don't want to start your head spinning, BUT have you ever set foot inside Patna's Hospital kitchen? (That's about all you could get in!) It's really a sight to behold—picture an 8 x 12 space with one iron stove, one mud stove and a chimney of kerosene tins soldered together by an ingenious Jesuit; Sister-Dietitian translating recipes; tray-carriers; the fish seller; the sweeper—the overflow on the verandah.

Talk about a "special diet kitchen"—cooking 750 meals a day for Hindus, Mohammedans and Christians means separate food, stoves and cooks—add this all together and who knows what's cooking?

What will your order be, St. Joseph—fish curry, rice, chapaties, pilao? As for us, we want to place OUR ORDER for a BIG, well-equipped kitchen in the new hospital.

Desperately yours,

The Cooks

ARE YOU A FRIEND OF ST. JOSEPH'S?

Dear Mother Dengel:

This is to fill the cooks' order $_____

Name_____

Address_____

City_____ Zone_____ State_____